

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILED DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1							51	1
2							52	1
3							53	1
4							54	1
5							55	1
6							56	1
7							57	1
8							58	1
9							59	1
10							60	1
11							61	1
12							62	1
13							63	1
14							64	1
15							65	1
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	8
TOTAL DEP.							TOTAL DEP.	4
TOTAL CLAIMS							TOTAL CLAIMS	24